

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 729539

FILED
Oct 05, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF VERO-TREASURE COAST, INCORPORATED

Current Principal Place of Business:

P.O. BOX 6381
VERO BEACH, FL 32961

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6381
VERO BEACH, FL 32961

New Mailing Address:

FEI Number: 59-7305862 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A.
601 21ST STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

CLEM, CHESTER
333 20TH STREET
VERO BEACH, FL 32960 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHESTER CLEM

10/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MARSHBANKS, BOB,
Address: 215 22ND AVE.
City-St-Zip: VERO BEACH, FL

Title: DT () Delete
Name: WARRINER, CHERYL
Address: PO BOX 6381
City-St-Zip: VERO BEACH, FL 32961

Title: DP () Delete
Name: WILLIAMSN, PASTOR
Address: PO BOX 6381
City-St-Zip: VERO BEACH, FL 32961

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: MARSHBANKS, ROBERT
Address: 215 22ND AVE.
City-St-Zip: VERO BEACH, FL

Title: DT (X) Change () Addition
Name: RILEY, RANDY
Address: PO BOX 6381
City-St-Zip: VERO BEACH, FL 32961

Title: DP (X) Change () Addition
Name: CAIRNS, MICHAEL
Address: PO BOX 6381
City-St-Zip: VERO BEACH, FL 32961

Title: DT () Change (X) Addition
Name: WILLIAMSON, PAUL
Address: PO BOX 6381
City-St-Zip: VERO BEACH, FL 32961

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL WILLIAMSON

DT

10/05/2005

Electronic Signature of Signing Officer or Director

Date